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PTO/SB/21 (08-00)

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Filing Date .	April 2, 2004				
First Named Inventor	Shunpei YAMAZAKI et al.				
Group Art Unit	2822				
Examiner Name	M. Lewis				
Attorney Docket Number	0756-7279				

10/815,654

ENCLOSURES (check all that apply)						
Fee Transmittal Form  Fee Attached  Amendment / Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53		Assignment Papers (for an Application)  Drawing(s)  Declaration and Power of Attorney  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosures 1. 2. 3. 4. 5. 6.			
		The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.				
	SIGNATU	RE OF APPLICANT, ATTORNEY, C	OR AGENT			
Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165					
Signature	5					
Date	January 16, 2007					
CERTIFICATE OF MAILING						
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.						
Type or printed name	Ade	ele M. Stamper	·			
Signature Date January 16, 2007						

**Application Number** 

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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MADER
FEE TRANSMITTAL
FOR FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision. ☐ Applicant Claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYM	IENT	(\$) 1400.00

	Complete if Known					
Application Number	10/815,654					
Filing Date	April 2, 2004					
First Named Inventor	Shunpei YAMAZAKI et al.					
Examiner Name	M. Lewis					
Group Art Unit	2822					
Attorney Docket No.	0756-7279					

TOTAL AMOUNT OF PAYMENT (\$) 1400.00	)	Attorn	Attorney Docket No. 0756-7279					
METHOD OF PAYMENT			FEE CALCULATION (continued)					
1.   The Commissioner is hereby authorized to charge indicated		3. ADDITIONAL FEES						
fees and credit any overpayments to:	ŀ		Larg		Smal			
Deposit		Fee	Entit Fee	Fee	Entit Fee	у	,	
Account Number 50-2280		Code	(\$)	Code		Fee Desc	ription	Fee Paid
Number		1051	130	2051	65	Surcharge - late file	ng fee or oath	
Daniel	-	1052	50	2052	25	Surcharge - late pro	ovisional filing fee or cover sheet	
Deposit Account Robinson Intellectual Property	1	1053	130	1053	130	Non-English specif	ication	· ·
Name Law Office						•		
		1812	2,520	1812	2,520	For filing a request	for ex parte reexamination	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and		1804	920*	1804	920*	Requesting publica	tion of SIR prior to Examiner acti	ion
credit overpayments		1805 1	,840*	1805	1,840*	Requesting publica	tion of SIR after Examiner action	
Applicant claims small entity status. See 37 CFR 1.27		1251	120	2251	60	Extension for reply	within first month	
2. 🗵 Payment Enclosed:		1252	450	2252	225	Extension for reply	within second month	*
		1253	1020	2253	510	Extension for reply	within third month	\$900.00
Check L Credit Card L Money L Ot Order	wer	1254	1,590	2254	. 795	Extension for reply	within fourth month	
FEE CALCULATION		1255	2,160	2255	1080	Extension for reply	within fifth month	
1. BASIC FILING FEE		1401	500	2401	. 250	Notice of Appeal		\$ 500.00
Large Entity Small Entity	l	1402	500	2402	250	Filing a brief in sur	port of an appeal	
Fee Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Pe	aid .	1403 -	1000	2403	500	Request for oral he	aring	
	4.u	1451	1,510	1451	1,510	Petition to institute	a public use proceeding	
1001 300 2001 150 Utility filing fee		1452	500	2452		Petition to revive -		
1311 200 2311 100 Examination fee		1453	1,500	2453	750	Petition to revive -	unintentional	
Over 100 Sheets/250 for each additional 50		1501	1,400	2501	700	Utility issue fee (or	reissue)	
Over 190 Sheets/250 for each additional 50		1502	800	2502	400	Design issue fee		
<u> </u>	_	1503	1100	2503	550	Plant issue fee		
(6)		1462 1463	400	1462 1463		Petitions, Group I Petition, Group II		
SUBTOTAL (1) (\$)		1464	200 130	1464		Petitions, Group III		
2. EXTRA CLAIM FEES		1807	50	1807		Processing fee und	• •	
Fee from Extra Claims below Fee I	Paid	1806	180	1806	180	Submission of Info	rmation Disclosure Stmt	
Total Claims -20** = X S50 =		8021	40	8021	40	Recording each pat number of propertie	ent assignment per property (time	es .
Independent -3** = X \$200 = Claims		1809	790	2809	395		after final rejection (37 CFR	-
Multiple Dependent =		1810	790	2810	395	For each additional § 1.29(b))	invention to be examined (37 CF	FR .
Large Entity Small Entity Fee Fee Fee Fee Fee Description		1801	790	2801	395		ued Examination (RCE)	
Code (S) Code (S)		1802	900	1802	900	Request for expedit	ed examination of a design	-
1202 50 2202 25 Claims in excess of 20		Other i	fee (spe	cify)_		<u> </u>	<u>.</u>	
1201 200 2201 100 Independent claims in excess of	3			- /		2 7 7		
1203 360 2203 180 Multiple dependent claim, if not	paid	* Redu	iced by	Basic I	Filing F	ee Paid	SUBTOTAL (3) (\$) 1400.0	0
1204 200 2204 100 ** Reissue independent claims o	ver			•				-
original patent 1205 50 2205 25 ** Reissue claims in excess of 20	0 and					· · · CERTIFICA	TE OF MAILING	
over original patent							being deposited with the United States seed to Commissioner for Patents, P.O.	Postal Service with Box 1450, Alexandria,
SUBTOTAL (2) (\$)			13-1450	, on Janu	ary 16, 2	il in an envelope addre	Stampy	
**or number previously paid, if greater; For Reissues, see above							1.0.1	
SUBMITTED BY						*	Complete (if applicable)	
Name (Print/Type) Eric J. Robinson			tration		38	,285	Telephone (571) 434-	-6789
Signature 3		(Allor	ney/A	gent)_		•	Date January 16	5. 2007
1 Tighting	_						variable	- <b>,                                   </b>